



ARKANSAS INSURANCE DEPARTMENT
LICENSE DIVISION
1200 WEST THIRD STREET, LITTLE ROCK, AR 72201
PHONE: 501-371-2750; FAX: 501-683-2604

TITLE AGENT APPLICATION
(Please Print or Type)

① Soc. Security Number - -		② If assigned, National Producer Number (NPN)						
③ If applicable, NASD Individual Central Registration Depository (CRD) Number		④ Are you affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>						
⑤ Last Name JR./SR. etc		⑥ First Name	⑦ Middle Name	⑧ Date of Birth (month) ____ (day) ____ (year) ____				
⑨ Residence/Home Address (Physical Street)		⑩ P.O. Box	⑪ City		⑫ State	⑬ Zip Code	⑭ Foreign Country	
⑮ Home Phone Number () -		⑯ Gender (Circle One) Male Female		⑰ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen?) (If No, you must supply proof of eligibility to work in the U.S.)				
⑱ Business Entity Name								
⑲ Business Address (Physical Street)		⑳ P.O. Box	㉑ City		㉒ State	㉓ Zip Code	㉔ Foreign Country	
㉕ Business Phone Number () -		㉖ Business Fax Number () -		㉗ Business E-Mail Address		㉘ Business Web Site Address		
㉙ Applicant's Mailing Address		㉚ P.O. Box	㉛ City		㉜ State	㉝ Zip Code	㉞ Foreign Country	
㉟ a. List any other assumed, fictitious, alias, maiden or trade names under which you have used in the past to do business, are currently doing business or intend to do business. b. List any trade names under which you are currently doing business or intend to do business.								
Agency or Business Entity Affiliations								
㊱ List your TITLE AGENCY Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity) FEIN _____ NPN _____ Name of Agency _____ FEIN _____ NPN _____ Name of Agency _____ FEIN _____ NPN _____ Name of Agency _____								
Employment History								
㊲ Account for all time for the past five years. Give all employment experience starting with your current employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.								
				From		To		Position Held
				Month	Year	Month	Year	
Name								
City State Foreign Country								
Name								
City State Foreign Country								
Name								
City State Foreign Country								
Name								
City State Foreign Country								

㊳ Department Use Only: Date received _____ Funds Received _____ Ch # RS # _____			
Date Processed _____ Other _____			
ASI Received Dated _____ Date Passed _____ Exam Passed _____			

Background Information

- 59 The Applicant must read the following very carefully and answer every question. All copies of documents must be certified. All written statements submitted by the Applicant must include an original signature.

1. Have you ever been convicted of a crime, had a judgment withheld or deferred, or are you currently charged with committing a crime? Yes ___ No ___
 "Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations or convictions involving driving under the influence (DUI) or driving while intoxicated (DWI), driving without a license, reckless driving, or driving with a suspended or revoked license and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A ___ Yes ___ No ___

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A ___ Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, ever been involved in an administrative proceeding regarding any professional or occupational license, or registration? Yes ___ No ___

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, a cease and desist order, a prohibition order, a compliance order, placed on probation or surrendering a license to resolve an administrative action.

"Involved" also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may EXCLUDE terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___

If you answer yes, submit a written statement summarizing the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy and a current credit report.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a certified copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a certified copy of the official document, which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director, or member or manager of limited liability company, ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) certified copies of all relevant documents.

7. Do you have a child support obligation in arrears? Yes ___ No ___

If you answer yes,

- a) by how many months are you in arrears? _____ Months
- b) are you currently subject to a repayment agreement? Yes ___ No ___
- c) Are you the subject of a child support related subpoena/warrant? Yes ___ No ___

Applicants Certification and Attestation

40 The Applicant must read the following very carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation, or c) I have identified my child support obligation arrearage on this application.
5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
7. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.
8. As part of the resident licensing process pursuant to applicable state law, resident applicant acknowledges that the submission of his or her fingerprint record will be submitted to a secured centralized repository maintained by the National Association of Insurance Commissioners ("NAIC") as authorized by the state insurance department pursuant to a memorandum of understanding between participating state insurance departments and the NAIC. The resident applicant acknowledges the fingerprint record will be stored at the NAIC and transmitted to law enforcement agencies for the purpose of determining applicant's qualification for licensure.

 Month Day Year

 Original Applicant Signature

 Full Legal Name (Printed or Typed)



ARKANSAS STATE POLICE

ASP-122
(Rev. 11/05)

Identification Bureau
Individual Record Check Form

Full Name: _____ / _____
First Middle Last Name Maiden/Other

Date of Birth: _____ State of Birth: _____ Race: _____ Sex: _____
(Month/Day/Year)

Social Security #: _____ Driver's License #: _____
State

Mailing Address: _____
Street City State ZIP

Daytime Phone #: () _____

I GIVE MY CONSENT FOR THE ARKANSAS STATE POLICE TO CONDUCT A CRIMINAL RECORD SEARCH ON MYSELF AND RELEASE ANY RESULTS TO THE FOLLOWING PERSON OR ENTITY:

Name: ARKANSAS INSURANCE DEPARTMENT
(First/MI/Last Name) or Full Name of Agency

Mailing Address: 1200 West Third Street Little Rock AR 72201-1904
Street City State ZIP

Signature: _____ Date: _____
(First/MI/Last Name) (Month/Day/Year)

(NO REQUEST WILL BE PROCESSED WITHOUT A NOTARIZED SIGNATURE)

STATE OF _____
§

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the
_____ day of _____, 20 _____.

Notary Public

☐ 82001 Civil Record Check

**AFFIDAVIT OF PRIOR TITLE
WORK EXPERIENCE**
(Print or Type)

Full Name and Address of Title Insurance License Applicant

In connection with the above-named person, I herewith make representations and supply information about myself as hereinafter set forth.

1. Full Name of Applicant's Current or Prior Employer ("Affiant"):_____

2. Affiant's Business Address:_____

3. Affiant's Business Telephone/Fax/Mobile/E-mail Address_____

4. When did the Applicant work for you? Please list dates:_____

5. Has the applicant successfully completed two thousand (2000) hours of prior title work experience under your supervision?_____

Dated and signed this _____ day of _____, 2008.

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of Arkansas

County of _____

Personally appeared before me at the above named _____ personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20____.

(Notary Public)

(SEAL) My Commission Expires _____

**AFFIDAVIT OF EMPLOYMENT
BY RESIDENT LICENSEE**
(Print or type)

Full Name and Address of Title Insurance License Applicant

In connection with the above-named person, I herewith make representations and supply information about myself as hereinafter set forth.

1. Full Name of Applicant's Current Employer ("Affiant"): _____

2. Affiant's Business Address: _____

3. Affiant's Business Telephone/Fax/Mobile/E-mail Address _____

4. To Affiant: Please provide your Arkansas Title Insurance Agent/Agency License information: _____

5. To Affiant: Do you attest that you currently employ the applicant? _____

Dated and signed this _____ day of _____, 2008.

I hereby certify under penalty of perjury that I am acting on my own behalf, and that the foregoing statements are true and correct to the best of my knowledge and belief.

(Signature of Affiant)

State of Arkansas

County of _____

Personally appeared before me at the above named _____ personally known to me, who, being duly sworn, deposes and says that he executed the above instrument and that the statements and answers contained therein are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20____.

(Notary Public)

(SEAL) My Commission Expires _____